

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) MN-CARD.P0003US.C1 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|--|-----------|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|-----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 10/719,408-Conf. #3341 | | Filed November 21, 2003 | | | | | | | | | | | | | | | | | | | | | | | | |
| For APPARATUS AND METHOD FOR MONITORING AND COMMUNICATING WELLNESS PARAMETERS OF AMBULATORY PATIENTS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 3736 | Examiner | M. C. Astorino | | | | | | | | | | | | | | | | | | | | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$130</td> <td>\$65</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$490</td> <td>\$245</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1110</td> <td>\$555</td> <td>\$ 555.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1730</td> <td>\$865</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2350</td> <td>\$1175</td> <td>\$ _____</td> </tr> </tbody> </table> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ 555.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ 555.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1212</u> . | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,147</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>/Erik G. Swenson/</u> Signature | | June 8, 2010 Date | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Erik G. Swenson</u> Typed or printed name | | (612) 321-2266 Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Total of 1 | forms are submitted. | | | | | | | | | | | | | | | | | | | | | | | | |

Three Month Request for Extension of Time Under 37 CFR 1.136(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 8, 2010

Electronic Signature for Sage M. Kruse: /Sage M. Kruse/